



12 MAR 19 PM 1:30

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Scofield Edward C.

1. Office, Agency, or Court

Agency Name

County of Nevada

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Supervisor, District II

► If filing for multiple positions, list below or on an attachment.

Agency: See attached list

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ Multi-County See attached lists.

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/13/2012

(month, day, year)

Signature

Edward C. Scofield, District II
Statement of Economic Interests
Expanded Statement 2011/12

Agency:	Position:	Jurisdiction of Office
CRHMFA (California Rural Home Mortgage Finance Authority Homebuyers Fund (RCRC))	Alternate	See attached list.
Environmental Services Joint Powers Authority (RCRC)	Alternate	See attached list
High Sierra Resource Conservation & Development Council	Alternate	El Dorado, Nevada, Sierra, Placer & Yuba Counties
Nevada County Finance Authority	H.A. Commissioner	Nevada County
Nevada County Sanitation District No. 1	Director	Nevada County
Northern Rural Training Employment Consortium	Member	Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity Counties
Northern Sierra Air Quality Management District Board	Member	Nevada, Plumas & Sierra Counties
Regional Council of Rural Counties (RCRC)	Alternate	See attached list.
Sierra Economic Development Corp.	Alternate	El Dorado, Sierra, Placer, & Nevada Counties
Sierra Planning Organization	Alternate	El Dorado, Sierra, Placer, & Nevada Counties
Solid Waste Independent Hearing Panel	Alternate	Nevada County
Transit Services Commission	Member	Nevada County
Transportation Commission also acting as NCLUC (Nevada County Airport Land Use Commission)	Member	Nevada County

FORM 700 Statement of Economic Interests for Calendar Year 2011

List of Agencies and Member Counties

NEVADA COUNTY

ED SCOFIELD

Agency

Position

CRHMFA Homebuyers Fund
Environmental Services JPA

Alternate Delegate
Alternate Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	Shasta County
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County	Sutter County
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County	Yolo County
	Yuba County

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Ed Scofield

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Scofield & Associates

ADDRESS (Business Address Acceptable)

17051 Norlene Way, Grass Valley, CA 95949

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Speaker

YOUR BUSINESS POSITION

None

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ed Scofield

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1650

CITY AND STATE

Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Legislative Services

DATE(S): ____/____/____ - 8 / 24 / 11 AMT: \$ 18.67
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Meal provided at meeting.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____